	PERMIT #	FEE	\$100.00	DATE RECEIVED		CHECK#	
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## Town of Granby BOARD OF HEALTH

215B West State Street Granby MA 01033 (413) 467-7174 (413) 467-3101 FAX

## MOBILE FOOD PERMIT APPLICATION

Name of the Establishment				Date:		
Ov	vner's/Applicant's Nan	ne				
Ov	vner's/Applicant's Add	ress				
TelephoneFax			Fax	email		
Fe	deral Identification Nur	mber or SSN:				
Na	rson Responsible for I					
Ao Te	ldress lephone	Eme	ergency Tel	email		
□ ˈ Is ː	tablishment Type (Ch Fruck □ P your unit stationary ecify Event, Date, Loc	ushcart  Yes □	□ Trailer	□ Other (specify)		
1.	Attach a list of ALL purchased.	foods you pla	n to serve, including o	ondiments, and state where each is to be		
2.	Will all foods be prepared.  Will all foods be prepared.			$\square$ No $\square$ site and for each food item, state where the	ey are to	
3.	Do you plan to have a	n open flame	? If so, please contact	Fire Department for permitting details.		
4.	Will your table/booth be hooked up to a water supply?YesNo, describe the source of water if no provided on site.					
				Yes, if yes, state your <b>source</b> for ice a	nd	

- 6. Hand washing facilities are required in an accessible location to food handlers. How will this be accomplished?
- 8. Describe location of toilet facilities for food handlers.
- 9. What are the means for keeping hot foods hot?
- 10. Describe how you will keep cold foods cold?
- 11. **Attach** a drawing of the layout of the mobile food unit. Show cooking area, counters, and all equipment including hand wash facilities, dish wash facilities, ranges, refrigerators, worktables, food storage areas etc.

Attach current copies of: Current ServSafe certificate Current Allergen Awareness Training certificate Worker's Compensation Affidavit statement Common Victualler's License

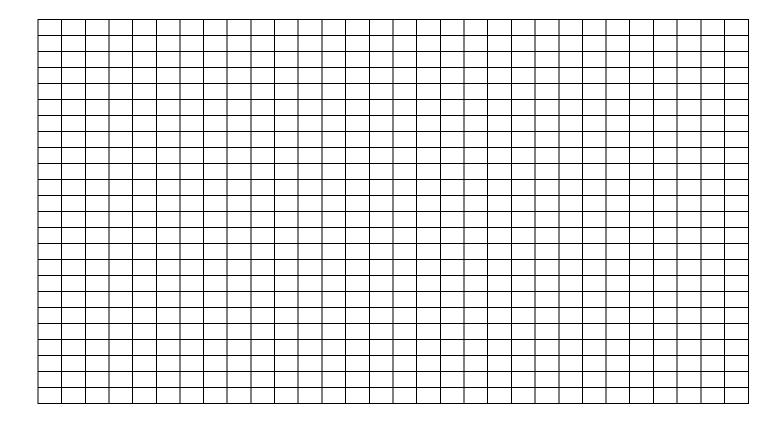
Note: Permit will not be issued without the above documentation.

I, the undersigned, attest to the accuracy of the information provided in this application and	affirm that the food establishment
operation will comply with 105CMR 590.000 and all other applicable law. I have been instr	ucted by the Board of Health on how to
obtain copies of 105 CMR 590.00 and the Federal Food Code	
Signature of Permit Holder:	Date:

## Plan Review:

A. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. ( A certificate from the Fire Department is required for all open flames.

В.	Describe floor, wall and ceiling surfaces:



**BOARD OF HEALTH COMMENTS:** 

PERMIT NUMBER APPROVED BY DATE

Copy to Applicant:	_In Person	Mailed	Date
- II	_		